		Connecticut De	epartment o	f Public H	Health	Dr	rinkin	gW	'ater	Se	ction	
		Water Q	uality Moni	toring an	d Con	ıpl	iance	Sch	edul	e		
PWS ID		PWS Name	-			Clas	ssification	Pop	ulation	Owr	ner Type I	Primary Source
СТ099004	14	1409 MIDDLETOWN AV	. (WELLS FARGO BA	NK)			NC		25		Р	GW
Local Add	lress (w	here applicable)		Service	Residen	tial	Commer	cial	ndustri	al	Combined	l Agricultura
1409 MID	DLETO	WN AVENUE		Connections	;		1					
Towns Ser	rved: N	ORTH BRANFORD										
			Moni	toring Requ	uireme	nts						
Water Sy	/stem F	acility: DISTRIBUTIO	ON SYSTEM (WSF	ID: 00600)								
Total Co	liform	(3100)							1	rou	tine (RT)	per quarter
Sam	pling Po	oint (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Pe	riod	Comp	liance Status
Selec	ct from	Inventory of Active Sam	pling Points		10/1/18 -	12/	31/18				С	omplete
1/1/19 - 3/31/19 Complete												omplete
					4/1/19 -	6/3	0/19					
					7/1/19 -	9/3	0/19					
Physical	Paran	neters (PPS)							1	rou	tine (RT)	per quarter
Samj	pling Po	oint (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Pe	riod	Comp	iance Status
Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18											С	omplete
					1/1/19 -	3/3	1/19				С	omplete
4/1/19 - 6/30/19												
					7/1/19 -	9/3	0/19					
Water Sy	/stem F	acility: ENTRY POIN	T (WSF ID: 00700))								
Nitrate A	And Ni	trite (NOX)								1	routine (RT) per year
Sam	pling Po	oint (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Pe	riod	Comp	iance Status
ENTF	RY POIN	T (3)			1/1/18 -	12/3	31/18				С	omplete
					1/1/19 -	12/3	31/19					
					1/1/20 -	12/3	31/20					
		Wate	er System Faci	lity and Sa	mpling	Ро	int Inv	ento	ry			
Water								Total	Lead	and		
System	Wate	System Facility	Sampling Poin	t Sampling Po	int		C	oliforn	n Cop	per		Stage
Facility ID)		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	l	Α	Υ				
			DOWNSTREAM	WITHIN 5 SE	RVICE CON	V	Α					
			UPSTREAM	WITHIN 5 SE	RVICE CON	V	Α					
00700	ENTR	POINT	3	ENTRY POIN	Γ		Α					
21726	WELL		2	WELL			Α					
			Со	ntact Infor	mation							
Name				Organization							Job Title	
Ms. Sasha	a Perkir	ıs		Nells Fargo Bar	nk			Se	rvice M	lanag	ger	
Mailing Address Line One Mailing Address Line Two City State Zip Code									City		Zip Code	

Mobile Phone

1409 Middletown Avenue

Contact Role(s): Legal Contact

Extension

Fax

203-484-7680

Business Phone

203-484-7680

Northford

sasha.perkins@wellsfargo.com

Emergency Phone Email Address

СТ

06472

	Connectic	ut Depa	rtment	of Public	: Healt	h Dr	inking	, Water	Section			
	Wa	ter Qua	lity Mo	nitoring a	and Co	mpli	ance S	Schedul	le			
PWS ID F	WS Name					Class	ification	Population	Owner Type	Primary Source		
CT0990044 1	.409 MIDDLETO	WN AV. (W	ELLS FARGO	BANK)		NC		25	Р	GW		
Local Address (wh	Service	Resid	ential (Commerci	al Industri	al Combin	ed Agricultural					
1409 MIDDLETOV	VN AVENUE			Connectio	ons		1					
Towns Served: NO	ORTH BRANFORI	D				'						
Name				Organization					Job Titl	e		
Ms. Deborah Min	grone			Wells Fargo				Property	Manager			
Mailing Address L	ine One		Mailing Add	dress Line Two				City	State	Zip Code		
1409 Middletown	Ave						Northf	ord	СТ	06472		
Business Phone	Extension	Fax	N	Mobile Phone	Emergen	cy Phor	e Email A	Address	,			
203-284-7445		855-265-	8907		203-57	7-8768	debora	deborah.mingrone@wellsfargo.com				
Contact Role(s):	Administrative	Contact. Les	al Contact		*							

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID	D PWS Name Classification Population Owner Type Primary Sou											
СТ0990054	1874 MIDDLETOWN AVENUE				NC	25	Р	GW				
Local Address (where applicable) Service Residential Commercial Industrial Combined A												
1874 MIDDLETOWN AVENUE Connections 1												

Towns Served: NORTH BRANFORD

Towns Served: NORTH BRANFORD			
Monitorin	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Com	pliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
RESPOND TO SANITARY SURVEY	2/7/2016		
Compliance Schedule Activity RESPOND TO SANITARY SURVEY	Due Date	Achieved D	ate

Public Notification Requirements											
	Compliance Notice <u>Public Notification</u> <u>PN Certifi</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	7/1/10 - 9/30/10	2	1/29/2011		2/8/2011						
Physical Parameters M&R Violation	7/1/10 - 9/30/10	3	12/30/2011		1/9/2012						

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stag WQP 2 DB					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	dofficed department of 1 abile freater brinking water beetion											
	Water Quality Monit	oring and	d Con	npl	liance S	Schedul	e					
PWS ID PWS Name Classification Population Owner Type Primary Sour									mary Source			
СТ0990054	1874 MIDDLETOWN AVENUE				NC 25		Р		GW			
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricu								Agricultural				
1874 MIDDLETOWN AVENUE Connections 1												

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH BRANFORD

		,	Water Sy	stem Fa	cility and	Sampling Poin	t Inve	nto	У			
Facility ID	Nater Sy	stem Facility		Sampling Po ID	Dint Sampling Description ENTRY PC	on St	Col	otal iform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBP	
21727 V	WELL			2	WELL	Α						
				C	Contact Inf	ormation						
Name					Organization	1				Job Title		
Mr. Robert	Zuppard	li			Tony Z's Pizz	a		Me	mber			
Mailing Add	lress Line	e One		Mailing Add	dress Line Two		City State Zip C					
1874 Middle	etown A	ve					Northf	Northford CT 0643				
Business F	Phone	Extension	Fax	N	lobile Phone	Emergency Phone	e Email A	Addre	SS			
203-484-	1949		203-484-1	1960		203-530-1265	zupp1	@aol.	com			
Contact Rol	e(s): Ad	ministrative (Contact, Leg	al Contact,	Owner							
Name					Organization	1				Job Title		
1874 Middle	etown A	venue LLC										
Mailing Add	lress Line	One		Mailing Add	dress Line Two			Ci	ty	State	Zip Code	
99 Greystor	ne Way						Guilfor	ď		СТ	06437	
Business F	Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	e Email A	Addre	SS			
Contact Rol	e(s): Ov	vner										

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

	Connecticut De	•				•	_		ection	
	Water Q	Quality Monit	oring an	d Con	ıplia	ance	Sch	edule		
PWS ID	PWS Name				Classi	fication	Popu	lation Ow	ner Type I	Primary Source
СТ099009	94 SHELL STATION/NORTH	IFORD FOODMART			ا	NC	2	25	Р	GW
Local Add	lress (where applicable)		Service	Residen	tial C	ommerc	ial Ir	ndustrial	Combined	d Agricultural
1371 MID	DLETOWN AVENUE		Connections			1				
Towns Se	rved: NORTH BRANFORD									
		Monito	oring Requ	iireme	nts					
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)							
Total Co	oliform (3100)							1 ro	utine (RT)	per quarter
Sam	pling Point (Sampling Point ID)			Monitori	ng Per	iod (Collect	ion Period	Comp	liance Status
Sele	ct from Inventory of Active Sam	pling Points		10/1/18 -	12/31	/18			С	omplete
				1/1/19 -	3/31/	19			С	omplete
				4/1/19 -	6/30/	19				
				7/1/19 -	9/30/	19				
Physical	Parameters (PPS)							1 ro	utine (RT)	per quarter
Sam	pling Point (Sampling Point ID)			Monitori	ng Per	iod (Collect	ion Period	Comp	liance Status
Sele	ct from Inventory of Active Sam	pling Points		10/1/18 -	12/31	/18			С	omplete
				1/1/19 -	3/31/	19			С	omplete
				4/1/19 -	6/30/	19				
				7/1/19 -	9/30/	19				
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
Nitrate .	And Nitrite (NOX)							1	routine (RT) per year
Sam	pling Point (Sampling Point ID)			Monitori	ng Per	iod (Collect	ion Period	Comp	liance Status
ENT	RY POINT (3)			1/1/18 -	12/31,	/18			С	omplete
				1/1/19 -	12/31,	/19			С	omplete
				1/1/20 -	12/31,	/20				
	Wate	er System Facili	ity and Sar	npling	Poir	it Inve	ento	ry		
Water						7	otal	Lead and	1	
System		Sampling Point		nt			-	Copper		Stage
Facility IL)	ID	Description		St	atus	Rule	Rule Tiei	Asbestos	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	٧	Α				
		UPSTREAM	WITHIN 5 SEF	VICE CON	١	Α				
00700	ENTRY POINT	3	ENTRY POINT			Α				
21731	WELL	2	WELL			Α				
		Con	tact Inform	mation						
Name		O	rganization						Job Title	
Ms. Cher	yl Reilly	М	obil Station/N	orthford I	Fdmar	t	Ow	/ner		
Mailing A	ddress Line One	Mailing Addres	s Line Two				С	ity	State	Zip Code

Mobile Phone

P.O. Box 411

Business Phone

203-484-2065

Extension

Contact Role(s): Legal Contact, Owner

Fax

Island Pond

Emergency Phone Email Address

203-484-2065

05846

C	Connectic	ut Depa	rtme	nt of	Public	Health	Drir	iking	Water	Section	
	Wa	ter Qua	lity M	lonite	oring ai	nd Con	nplia	nce S	chedul	le	
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Source
CT0990094 S	94 SHELL STATION/NORTHFORD FOODMART							С	25	Р	GW
Local Address (where applicable)					Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural
1371 MIDDLETOW		Connection	ıs		1						
Towns Served: NC	RTH BRANFORI)							,		
Name				Or	ganization					Job Titl	e
Mr. Sam Patterso	n			Pa	tterson Oil C	Co. Inc.			Vice Presi	ident	
Mailing Address Li	ne One		Mailing	Address	Line Two				City	State	Zip Code
100 Lincoln Avenu	ie		P. O. Bo	c 898				Torring	Torrington CT		
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email Address			
800-446-8770		860-489-	9914			860-489	-9271	PATTERSON.COMPANIES@SNET.NET			
Contact Role(s):	Administrative	Contact	"					1			

Contact Role(s): Administrative Contact

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classific	cation P	opulation	Owner Type	Primary Source
СТ0990174	JOSEPH DIGLIO PROPERTIES			NC	2	45	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Con	nmercial	Industri	al Combine	ed Agricultural
1060-1064 MIDI	DLETOWN AVENUE	Connections			1			

Towns Served: NORTH BRANFORD

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrato And Nitrito (NOV)		1 rout	ing (PT) per quarter

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Public Notification Requirements											
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Nitrate And Nitrite M&R Violation	7/1/10 - 9/30/10	2	1/29/2011		2/8/2011						
Total Coliform M&R Violation	7/1/10 - 9/30/10	2	1/29/2011		2/8/2011						
Distribution Color MCL Violation	10/1/10 - 12/31/10	2	3/3/2011		3/13/2011						
Distribution Color MCL Violation	7/1/10 - 9/30/10	2	3/25/2011		4/4/2011						
Physical Parameters M&R Violation	7/1/10 - 9/30/10	3	12/30/2011		1/9/2012						

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stag WQP 2 DB			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21738	WELL	2	WELL	Α							

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0990174	JOSEPH DIGLIO PROPERTIES			NC	45	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
1060-1064 MID	DLETOWN AVENUE	Connections		1			

Towns Served: NORTH BRANFORD

Contact Information											
Name				Organization	l		Job Title				
Mr. Joseph Diglio				Owner							
Mailing Address Lin	e One		Mailing Addr	ress Line Two		City	State	Zip Code			
1060-1064 Middlet	own Avenue					North Branford	СТ	06471			
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address					
203-239-5050					203-996-8968						

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Con	necticut Dep	oartment of	f Public H	Health	Drin	king	Wa	ater	Se	ction	
		Water Ou	ality Monit	oring an	d Con	noliai	nce S	Sche	edul	e		
PWS ID	PWS N			011110	0.011	Classific					er Type F	Primary Sour
CT0990254		HFORD CONGREGAT	TIONAL CHURCH			NO		2			Р	GW
Local Addr	ess (where a	oplicable)		Service	Residen	tial Cor	nmerci	al In	dustria	ıl	Combined	Agricultur
OLD POST	ROAD			Connections		1						
Towns Serv	ved: NORTH	BRANFORD										
			Monit	oring Requ	uireme	nts						
Water Sys	stem Facility	: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Col	liform (310	0)							1	rou	tine (RT)	per quarte
Samp	oling Point (So	ampling Point ID)			Monitori	ng Perio	d C	ollecti	on Per	iod	Comp	liance Status
Select	t from Invent	ory of Active Sampli	ng Points		10/1/18 -	12/31/1	18				C	omplete
					1/1/19 -						C	omplete
					4/1/19 -							
					7/1/19 -	9/30/19	9					
_	Parameters											per quarte
		ampling Point ID)			Monitori			ollecti	on Per	iod		liance Status
Select	t from Invent	ory of Active Sampli	ng Points		10/1/18 -							omplete
					1/1/19 -						C	omplete
					4/1/19 - 7/1/19 -							
Water Svs	stem Facility	: ENTRY POINT	(WSF ID: 00700)		//1/19 -	9/30/13	,					
	and Nitrite		(1101 121 007 007							1 r	outine (RT) per yea
		ampling Point ID)			Monitori	ng Perio	d C	ollecti	on Per		-	liance Status
_	Y POINT (3)				1/1/18 -						C	omplete
					1/1/19 -							
					1/1/20 -	12/31/2	0					
		Water	System Facil	ity and Sa	mpling	Point	Inve	ntor	У			
Water							To	tal	Lead o	and		
-	Water Syste	m Facility	Sampling Point		int			form	Copp			Stag
Facility ID			ID	Description		Stat	us	ule	Rule	Tier	Asbestos	WQP 2 DB
00600	DISTRIBUTIO	N SYSTEM	4	DISTRIBUTIO				Υ				
			DOWNSTREAM									
		_	UPSTREAM	WITHIN 5 SEI								
	ENTRY POIN	I	3	ENTRY POINT	<u> </u>	A						
21744	WELL		2	WELL		A						
			Con	tact Infor	mation							
Name			0	rganization							Job Title	
Mr. Mike \	Vetro		N	orthford Cong	Church			Trus	stee			

				man de man	J				
Name			Organization		Job Title				
Mr. Mike Vetro				Northford Cong Church Trustee					
Mailing Address Line One Mailing Add			Mailing Addr	ess Line Two			City	State	Zip Code
16 Old Post Road		PO Box 191				Northford CT			06472
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
203-484-0795			203	3-213-0860		ncchurch	@snet.net		
Contact Role(s): A	dministrative	Contact	·						

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019 Page 9

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

	Connecticu	มt Depa	artment (of Public	Health	ı Drii	ıking	g Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0990254 N	NORTHFORD CONGREGATIONAL CHURCH						IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
OLD POST ROAD				Connection	ns		1			
Towns Served: NC	RTH BRANFORD)			"	'		1	'	
Name				Organization					Job Titl	е
Ms. Nancy Tipping	g			Northford Cor	ngr Church		Chair			
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code
Chair of Northford	l Congregationa	l Church	PO Box 191				North	Branford	СТ	06472
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	y Phone	Email A	Address		
203-484-0795							nancy.	tipping@gm	nail.com	
Contact Role(s): I	Legal Contact		,							

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End of schedule

	Connecticut Department of	Public H	lealth	Dı	rinking	Water	Section	i	
	Water Quality Monit	oring and	d Con	npl	iance S	chedul	le		
PWS ID	PWS Name Classification Population Owner Type Primary Sour								
СТ0990264	NORTHFORD SHOPPING CENTER				NC	25	Р		GW
Local Address (v	where applicable)	Residen	itial	Commercia	l Industri	al Combin	ed	Agricultural	
1411 MIDDI FTOWN AVENUE Connections 1									

==								
1411 MIDDLETOWN AVENUE		Connections		1				
Towns Served: NORTH BRANFORD				-	1		1	1
	Monito	oring Requ	irement	S				
Water System Facility: DISTRIBUTION								
Total Coliform (3100)						1 ro	utine (RT) բ	er quarter
Sampling Point (Sampling Point ID))		Monitoring	Period	Collec	tion Period	d Compli	ance Status
Select from Inventory of Active Sam	pling Points	-	10/1/18 - 12	/31/18			Co	mplete
			1/1/19 - 3/	31/19			Co	mplete
			4/1/19 - 6/	30/19				
			7/1/19 - 9/	30/19				
Physical Parameters (PPS)						1 ro	utine (RT) բ	er quarter
Sampling Point (Sampling Point ID)		ı	Monitoring	Period	Collec	tion Period		ance Status
Select from Inventory of Active Sam	pling Points	<u> </u>	10/1/18 - 12	/31/18			Со	mplete
			1/1/19 - 3/	31/19			Co	mplete
			4/1/19 - 6/					
			7/1/19 - 9/	30/19				
Water System Facility: ENTRY POIN	IT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)						1	l routine (R	T) per year
Sampling Point (Sampling Point ID))	ı	Monitoring	Period	Collec	tion Period	d Compli	ance Status
ENTRY POINT (3)			1/1/18 - 12/	/31/18			Co	mplete
			1/1/19 - 12/	/31/19				
			1/1/20 - 12/	/31/20				
Water System Facility: WELL (WSF	ID: 21745)							
E. Coli (3014)						1 ro	utine (RT) բ	er quarter
Sampling Point (Sampling Point ID)		ı	Monitoring	Period	Collec	tion Period	d Compli	ance Status
WELL (2)			10/1/18 - 12	/31/18			Co	mplete
			1/1/19 - 3/	31/19			Co	mplete
<u> </u>			4/1/19 - 6/	30/19				
<u> </u>			7/1/19 - 9/	30/19				
Wate	er System Facili	ity and San	npling Po	oint In	vento	ry		
Water					Total	Lead and	d	
System Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID	ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
	DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
	UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT		Α				
24745 \4/511	2	\A/ELI						

57210 TREATMENT SYSTEM									
	Co	ontact Information							
Name	Name Organization Job Title								
Ms. Barbara Kowalski		Kowalski Company Realtors LLC							
Mailing Address Line One	ress Line Two	City	State	Zip Code					

WELL

21745 WELL

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Classification Population Owner Type Primary Source											ce
CT0990264	NORTHFORD SH			NC	25	Р	GW				
Local Address (w	here applicable)			Service	Resider	itial C	Commerci	al Industri	al Combin	ed Agricultur	ral
1411 MIDDLETO	WN AVENUE			Connection	ıs		1				
Towns Served: N											
C/O KOWaiski Cor	npany keaitors i	LC 669 Ce	nter Stree	et			vvanin	giora	CI	06492	
Business Phone Extension Fax Mobile Phone Emerger							e Email A	Address			
203-265-5671		203-265-2126									

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 1/1- - - C

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	partment o	f Public H	ealth	Drin	ıkir	ng Wa	ater Se	ction	
	Water O	uality Moni	toring and	d Com	plia	nce	Sche	edule		
PWS ID	PWS Name		8						ner Type F	rimary Source
СТ0990284	NORTHFORD PLAZA REA	LTY GROUP			N		2		P	GW
Local Addre	ess (where applicable)		Service	Resident	ial Co	mmei	rcial In	dustrial	Combined	Agricultural
855 FORES			Connections			1				
Towns Serv	ved: NORTH BRANFORD							l .		
		Monit	oring Requ	iremer	ıts					
Water Sys	tem Facility: DISTRIBUTIO	N SYSTEM (WSF	ID: 00600)							
Total Coli	iform (3100)							1 rou	tine (RT)	per quarter
	ling Point (Sampling Point ID)		1	Monitorin	g Perio	od	Collecti	on Period		iance Status
Select	from Inventory of Active Samp	ling Points	1	10/1/18 - 1	12/31/	18			Co	omplete
				1/1/19 - 3	3/31/1	.9			Co	omplete
				4/1/19 - 6	5/30/1	.9				
				7/1/19 - 9	9/30/1	.9				
Physical F	Parameters (PPS)							1 rou	tine (RT)	per quarter
Sampl	ling Point (Sampling Point ID)		1	Monitorin	g Perio	od	Collecti	on Period	Compl	iance Status
Select	from Inventory of Active Samp	ling Points	1	10/1/18 - 1	12/31/	18			Co	omplete
				1/1/19 - 3					Co	omplete
				4/1/19 - 6						
				7/1/19 - 9	9/30/1	.9				
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate A	nd Nitrite (NOX)							1	routine (I	RT) per year
Sampl	ling Point (Sampling Point ID)		-	Monitorin	g Perio	od	Collecti	on Period	Compl	iance Status
ENTR	POINT (3)			1/1/18 - 1					Co	omplete
				1/1/19 - 1						
				1/1/20 - 1	<u> </u>					
	Wate	r System Facil	lity and San	npling I	Point	t Inv	entor	У		
Water							Total	Lead and		
System Facility ID	Water System Facility	Sampling Point ID	Sampling Poir Description	nt			oliform	Copper	Achastas	Stage WQP 2 DBPR
	DICTRIBUTION CVCTEM		•	LCVCTENA		itus ^	Rule	Kule Her	ASDESIOS	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Į.		Υ			
		UPSTREAM	I WITHIN 5 SER WITHIN 5 SER							
00700	ENTRY DOINT		ENTRY POINT	VICE CON						
	ENTRY POINT	3			Α					
	WELL 1	2	WELL 1		P	4				
	TREATMENT PLANT									
59144	WELL 2	2	WELL 2		P	4	_			
		Cor	ntact Inforn	nation						
Name		C	Organization						Job Title	
	Plaza Realty Group LLC									
_	dress Line One	Mailing Addres	ss Line Two				Cit	•	State	Zip Code
199 White	Birch Road					East	Hampto	n	СТ	06424

Emergency Phone Email Address

Mobile Phone

Business Phone

Contact Role(s): Owner

Extension

Fax

	Lonnectici	лт рера	irtment (of Public	Health	ı prir	ıkıng	vvater	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0990284	NORTHFORD PLA	AZA REALTY	GROUP			N	С	25	Р	GW
Local Address (wl	nere applicable)	Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural		
855 FOREST ROA	D			Connection	ns		1			
Towns Served: No	ORTH BRANFORE)								
Name				Organization					Job Titl	e
Mr. Tony Rossini				Northford Plaza Realty Group				Owner		
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
203 White Birch I	Road						East Ha	mpton	СТ	06424
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	y Phone	Email A	ddress	·	
860-918-4083										
Contact Dolo/s).	A duninintunting	Contact Loc	al Cantact O							

Connecticut Department of Public Health Drinking Water Costion

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C					ssification	Population	Owner Type	Primary Source
СТ0990324	1872 MIDDLETOWN AVENUE				NC	29	Р	GW
Local Address (Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
1872 MIDDLET	Connections					2		

Towns Served: NORTH BRANFORD

Monitori	Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	00600)										
Total Coliform (3100)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete								
	1/1/19 - 3/31/19		Complete								
	4/1/19 - 6/30/19										
	7/1/19 - 9/30/19										
Physical Parameters (PPS)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete								
	1/1/19 - 3/31/19		Complete								
	4/1/19 - 6/30/19										
	7/1/19 - 9/30/19										
Water System Facility: ENTRY POINT (WSF ID: 00700)											
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete								
	1/1/19 - 12/31/19										
	1/1/20 - 12/31/20										

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	7/1/14 - 9/30/14	2	12/28/2014		1/7/2015					
Physical Parameters M&R Violation	7/1/14 - 9/30/14	3	11/28/2015		12/8/2015					
E. Coli M&R Violation	7/1/14 - 9/30/14	3	11/28/2015		12/8/2015					

Water System Facility and Sampling Point Inventory Water Total Lead and **Water System Facility** Sampling Point Sampling Point System **Coliform** Copper Stage ID **Description** Rule Tier Asbestos WQP 2 DBPR Facility ID Rule **Status** 00600 **DISTRIBUTION SYSTEM** 4 **DISTRIBUTION SYSTEM** Υ DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 **ENTRY POINT** 3 **ENTRY POINT** Α 59106 **DRILLED WELL 1 DRILLED WELL 1** Α

			C	ontact Info	ormation				
Name				Organization			Job Title		
Mr. Fazlay Rabbi Or					nterprises, LLC	Owner			
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
363 Main Street			Suite 510			Middleto	own	СТ	06457
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	mergency Phone Email Address			
000 001 010					202 404 2000				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking water Section										
	Water Quality Mor	nitoring and	d Con	npli	iance S	Schedul	e				
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source			
СТ0990324	1872 MIDDLETOWN AVENUE			NC	29	Р	GW				
Local Address (where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural			
1872 MIDDLETO	OWN AVENUE (ROUTE 17)	Connections					2				
Towns Served:	NORTH BRANFORD			·		,					
860-301-646	05		203-484-	-2996)						
Contact Role(s)	: Administrative Contact, Legal Contact, (Owner									

Connecticut Department of Public Health Drinking Water Costion

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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	partment o	f Public H	lealth [rinkin	g Water S	ection	
	Water Qu	iality Moni	toring and	d Comp	oliance	Schedule		
PWS ID	PWS Name	<u> </u>	<u> </u>			Population O	wner Type Pri	mary Source
CT099051	4 SAINT AMBROSE PARISH	CORPORATION			NC	25	P	GW
Local Add	ress (where applicable)		Service	Residentia	I Commerc	cial Industrial	Combined	Agricultural
	DLETOWN AVENUE		Connections		1			0 11 11
	ved: NORTH BRANFORD							
		Monit	toring Requ	irement	:s			
Water Sy	stem Facility: DISTRIBUTIOI							
•	liform (3100)		•			1 re	outine (RT) p	er quarter
	oling Point (Sampling Point ID)			Monitoring	Period	Collection Perio		ince Status
	ct from Inventory of Active Samp	ling Points		10/1/18 - 12			-	nplete
	, [-			1/1/19 - 3/				nplete
				4/1/19 - 6/				•
				7/1/19 - 9/				
Physical	Parameters (PPS)			· · · ·	·	1 re	outine (RT) p	er quarter
-	oling Point (Sampling Point ID)			Monitoring	Period	Collection Perio		ince Status
-	ct from Inventory of Active Samp	ling Points		10/1/18 - 12				nplete
				1/1/19 - 3/				nplete
				4/1/19 - 6/	/30/19			
				7/1/19 - 9/				
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)					
•	And Nitrite (NOX)						1 routine (R	「) per vear
	oling Point (Sampling Point ID)			Monitoring	Period	Collection Perio	' = '	ince Status
	RY POINT (3)			1/1/18 - 12			-	nplete
	. ,			1/1/19 - 12				<u>'</u>
				1/1/20 - 12	•			
		Public No	tification R					
			Compliance	Notice		Notification	PN Certi	fication
Violation/	/Situation		Period	Tier	Required		Due to DPH	Received
	arameters M&R Violation	10/2	1/04 - 12/31/04	3	6/1/2006		6/11/2006	110001100
•	Water	System Faci	litv and Sar	npling P				
Water		7000000	,			Total Lead an	nd	
System	Water System Facility	Sampling Point	t Sampling Poi	nt		oliform Coppe		Stage
Facility ID		ID	Description				er Asbestos I	_
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	Υ		
		DOWNSTREAM	1 WITHIN 5 SER	VICE CON	Α			
		UPSTREAM	WITHIN 5 SER	VICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT		Α			
22713	WELL 1	2	WELL		Α			
56360	PRESSURE TANK							
		Col	ntact Inforr	mation				
Nama				nation			lob Title	
Name			Organization				Job Title	

Zip Code

06472

State

СТ

City

Northford

Emergency Phone Email Address

Mailing Address Line Two

Mobile Phone

Archdiocese of Hartford Mailing Address Line One

1331 Middletown Ave.

Extension

Fax

Business Phone

203-484-9226

C	onnecticut	рера	irtment	of Public	Health	Drii	ıkıng	g water	Section			
	Wate	r Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	e			
PWS ID PV	VS Name					Classif	ication	Population	Owner Type	Primary Source		
CT0990514 SA	INT AMBROSE P	ARISH CO	RPORATION			N	С	25	Р	GW		
Local Address (whe	re applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultura		
1331 MIDDLETOWN	N AVENUE		Connectio	ns		1						
Towns Served: NOF	RTH BRANFORD			1		<u> </u>		'		1		
Contact Role(s): Le	egal Contact, Ow	ner										
Name				Organization					Job Title	e		
Reverend Robert T	urner			St. Ambrose P	arish		Rev.					
Mailing Address Lin	ie One		Mailing Addr	ress Line Two				City	State	Zip Code		
			30 Caputo Ro	oad			North	Branford	СТ	06471		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	Address				
203-484-0403					203-484-	-0403	frturner@nbcatholics.org					
Contact Role(s): A	dministrative Co	ntact	1									

Connecticut Department of Dublic Health Drinking Water Section

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic	ut Depa	rtment of	Public	Health	Drin	nking '	Water	Sect	ion	
	Wa	ter Qual	ity Monit	oring a	nd Com	plia	nce So	chedul	e		
PWS ID	PWS Name					Classifi	ication P	opulation	Owner	Type P	rimary Source
СТ0990604	RITE AID					N	С	25	Р		GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmercial	Industria	al Co	mbined	Agricultural
1395 MIDDLETO	WN AVE			Connection	ns		1				
Towns Served: N	IORTH BRANFOR	D									
			Monito	oring Red	quireme	nts					
Water System	Facility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)							
Total Coliform	(3100)							1	routin	e (RT)	per quarter
Sampling P	oint (Sampling P	oint ID)			Monitori	ng Perio	od Col	lection Per	riod	Compli	ance Status
Select from	Inventory of Act	ive Sampling	Points		10/1/18 -	12/31/	18			Co	mplete
					1/1/19 -	3/31/1	.9				
					4/1/19 -	6/30/1	.9				
					7/1/19 -	9/30/1	.9				
Physical Paran	neters (PPS)							1	routin	e (RT)	per quarter
Sampling P	oint (Sampling P	oint ID)			Monitori	ng Perio	od Col	lection Per	riod	Compli	ance Status
Select from	Inventory of Act	ive Sampling	Points		10/1/18 -	12/31/	18			Co	mplete
					1/1/19 -	3/31/1	.9				
					4/1/19 -	6/30/1	.9				
					7/1/19 -	9/30/1	.9				
Water System	Facility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate And N	itrite (NOX)								1 rou	ıtine (R	T) per year
Sampling P	oint (Sampling P	oint ID)			Monitori	ng Perio	od Col	lection Per	riod	Compli	ance Status
ENTRY POIN	NT (3)				1/1/18 -	12/31/1	18			Co	mplete
					1/1/19 -	12/31/1	19				
					1/1/20 -	12/31/2	20				
		Water Sy	stem Facili	ity and S	ampling	Point	t Inven	tory			
Water							Tota				
	r System Facility		Sampling Point				Colifo			.h 4	Stage
Facility ID		_	ID	Description		Sta			Her As	bestos	WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM		4		ION SYSTEM						
			DOWNSTREAM								
			UPSTREAM		SERVICE CON						
	Y POINT		3	ENTRY POI	NT	F					
55577 WELL			2	WELL		F	4				
			Con	tact Info	rmation						
Name			Oı	rganization					Jo	b Title	
Maxi Drug, Inc.											
Mailing Address	Line One		Mailing Address	s Line Two				City	9	State	Zip Code
P.O. Box 3165							Harrisbu	rg		PA	17105
Business Phon	e Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	dress			
717-975-5717											
Contact Role(s):	Legal Contact										

	Connecticu	t Depa	rtment o	of Public	Health	Drir	nking	Water	Section		
	Wate	er Qua	lity Moni	itoring a	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name				Classif	ication	Population	Owner Type	Primary Source		
СТ0990604	RITE AID			N	IC	25	Р	GW			
Local Address (where applicable)				Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural	
1395 MIDDLETOWN AVE				Connection	ıs						
Towns Served: N	ORTH BRANFORD				'				1		
Name				Organization				Job Title			
Ms. Patricia Rise	r			Rite Aid		Project Manager					
Mailing Address	Line One		Mailing Addre	ess Line Two			City		State	Zip Code	
8585 Pyott Road Suite 200							Lake In	Lake In The Hills		60156	
Business Phone	Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email Address				
727-631-8896							prise@wattersonefm.com				
Contact Role(s):	Administrative C	ontact									

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0999064	ROSABIANCA VINEYARDS				NC	36	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
1536 MIDDLETC	OWN AVE	Connections					2	

Towns Served: NORTH BRANFORD

Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT - BARN (WSF ID: 00	0700)		
Nitrate (1040)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18	12/1-12/31	Complete
	1/1/19 - 12/31/19	12/1-12/31	
	1/1/20 - 12/31/20	12/1-12/31	
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory										
Water	Markey Contains Emplished	Consulting Daint	Consulting Dates		Total	Lead and				
System	Water System Facility	Sampling Point			Coliform				Stage	
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT - BARN	3	ENTRY POINT	Α						
58860	WELL 1	2	WELL 1	Α						
58864	BARN PRESSURE TANK									
58866	HOUSE PRESSURE TANK									

1/1/20 - 12/31/20

Contact Information										
Name				Organization			Job Title			
Mr. Charles Rosabianca				Rosabianca V	ineyards					
Mailing Address Line One Mailing Addr			dress Line Two	ess Line Two			State	Zip Code		
1536 Middle				letown Ave		Northford			06472	
Dusiness Dhene	Fytonsion	Гом	Δ.	Ashila Dhana	Emargana, Dhana	Email Ad	ldroce			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Lubiic Health Drinking Water Section										
	Wa	ter Quality l	Monito	oring an	d Con	npli	ance Sc	chedul	.e	
PWS ID	PWS Name						Classification Population Ow			Primary Source
СТ0999064	ROSABIANCA VI		NC 36			Р	GW			
Local Address (where applicable)				Service	vice Resider		Commercial	Industri	al Combine	ed Agricultural
1536 MIDDLETOWN AVE				Connections					2	
Towns Served: N	NORTH BRANFOR	D								
business Phor	e Phone E	mergency	PHOL	e Eman Au	uress					
203-208-1213	1		203-6	40-1422						
Contact Role(s): Administrative Contact, Legal Contact, Owner										

Connecticut Department of Public Health Drinking Water Section

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule